

00862.002473.

#19/D
mm
3-11-04
PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)	
	:	Examiner: Kevin S. Parton
SHUICHI NAKAMURA)	
	:	Group Art Unit: 2153
Application No.: 09/161,404)	
	:	
Filed: September 28, 1998)	
	:	
For: INFORMATION PROVIDING)	
SYSTEM, APPARATUS	:	
METHOD AND STORAGE)	
MEDIUM	:	February 26, 2004

Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RECEIVED

MAR 05 2004

Technology Center 2100

PRELIMINARY AMENDMENT

Sir:

Prior to examination on the merits, please amend the above-identified
application as follows:

In re Application of:

SHUICHI NAKAMURA

Application No.: 09/161,404

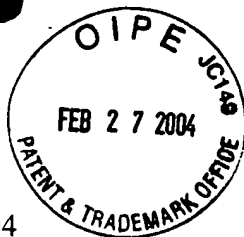
Filed: September 28, 1998

For: INFORMATION PROVIDING SYSTEM, APPARATUS METHOD AND STORAGE MEDIUM

THE COMMISSIONER FOR PATENTS

P.O. Box 1450

Alexandria, VA 22313-1450



Docket No. 00862.002473.

Examiner: Kevin S. Parton

Group Art Unit: 2153

Date: February 26, 2004

Sir:

Transmitted herewith is a Preliminary Amendment in the above-identified application.

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☒ No additional fee is required.

The fee has been calculated as shown below

Technology Center 2100

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 4	MINUS	** 20	= 0	x \$9 \$18	-0-
INDEP. CLAIMS	* 2	MINUS	*** 3	= 0	x \$43 \$86	-0-
Fee for Multiple Dependent claims \$145°/\$290						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						-0-

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

☐ Verified Statement claiming small entity status is enclosed, if not filed previously.

☐ A check in the amount of \$_____ is enclosed.

☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.

☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under

37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.

☐ A check in the amount of \$_____ to cover the fee for a _____ month extension is enclosed.

☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.

☒ Applicant's undersigned attorney may be reached in our Costa Mesa, California office by telephone at (714) 540-8700. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Attorney for Applicant

Registration No. 42,746

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10112-3800
Facsimile: (212) 218-2200

Form #120

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